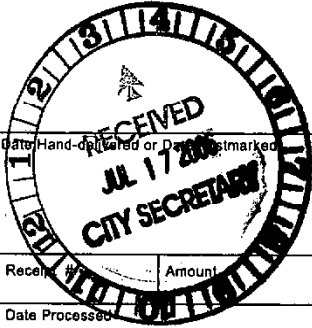


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 45
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Annise NICKNAME LAST Parker SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 66513 Houston, TX 77266	 Date Received Date Hand-delivered or Delivered by Mail Received Amount Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 522-9000		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Kathy NICKNAME LAST SUFFIX Hubbard		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2615 Montrose Blvd Houston, TX 77006		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 522-9000		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 1 / 1 / 06 THROUGH Month Day Year 6 / 30 / 06		
11 ELECTION	ELECTION DATE Month Day Year / / ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) City Controller	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Annise Parker

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 54,560.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 13,451.50

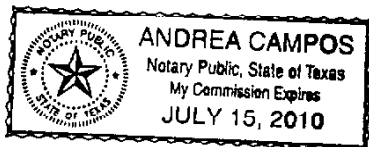
CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 187,334.27

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Annise D. Parker

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Annise D. Parker, this the 17th day of July, 2006, to certify which, witness my hand and seal of office.

Andrea Campos
Signature of officer administering oath

Andrea Campos
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/13/2006

5 Full Name of Contributor:

Winstead Sechrest & Minick, P.C. PAC☐ out of state PAC (ID#7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/27/2006

5 Full Name of Contributor:

Josephine Guery Nelson☐ out of state PAC (ID#7 Amount of
contribution (\$):
\$100.008 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/14/2006

5 Full Name of Contributor:

Paul H. Asofsky☐ out of state PAC (ID#7 Amount of
contribution (\$):
\$500.008 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/14/2006

5 Full Name of Contributor:

Phyllis M. Painter☐ out of state PAC (ID#7 Amount of
contribution (\$):
\$500.008 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/14/2006

5 Full Name of Contributor:

Scott P. Howard☐ out of state PAC (ID#7 Amount of
contribution (\$):
\$250.008 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/14/2006

5 Full Name of Contributor:

Bert H. Golding☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/14/2006

5 Full Name of Contributor:

Suzanne Ingemanson Page-Pryde☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/14/2006

5 Full Name of Contributor:

Jay L. Moore Jr☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/15/2006

5 Full Name of Contributor:

Sara Lou Brown☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/15/2006

5 Full Name of Contributor:

Scott J. Atlas☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission file#)

4 Date

2/15/2006

5 Full Name of Contributor:

Dalton Claude Dehart☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/15/2006

5 Full Name of Contributor:

Steven A Jarvis☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/15/2006

5 Full Name of Contributor:

Adrian Neil Havens☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/15/2006

5 Full Name of Contributor:

C. Mike Garver☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/15/2006

5 Full Name of Contributor:

John S.W. Kellett☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/15/2006	5 Full Name of Contributor: Geoffrey C. Westergaard	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 2/15/2006	5 Full Name of Contributor: Mark Parthie	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 2/15/2006	5 Full Name of Contributor: HAA Better Government Fund	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$2,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 2/16/2006	5 Full Name of Contributor: R. Monty McDannald Jr.	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 2/16/2006	5 Full Name of Contributor: Eleanor Tinsley	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] 5				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/16/2006

5 Full Name of Contributor:

William S. Gilmer MD

☐ out of state PAC (ID#)

7 Amount of
contribution (\$):

\$250.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/16/2006

5 Full Name of Contributor:

Kathleen Paulsen

☐ out of state PAC (ID#)

7 Amount of
contribution (\$):

\$250.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/16/2006

5 Full Name of Contributor:

Judith A. Butler

☐ out of state PAC (ID#)

7 Amount of
contribution (\$):

\$250.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/16/2006

5 Full Name of Contributor:

William Lawrence Green CPA, CEP

☐ out of state PAC (ID#)

7 Amount of
contribution (\$):

\$100.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/16/2006

5 Full Name of Contributor:

Fulbright & Jaworski L.L.P. Texas Committee

☐ out of state PAC (ID#)

7 Amount of
contribution (\$):

\$2,500.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/16/2006

5 Full Name of Contributor:

Susan A. Lieberman

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$500.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/16/2006

5 Full Name of Contributor:

Kenneth W Ulmer

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$100.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/17/2006

5 Full Name of Contributor:

Louis Macey Investments

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$250.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/17/2006

5 Full Name of Contributor:

Mayer, Brown, Rowe & Maw, LLP

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$250.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/17/2006

5 Full Name of Contributor:

Planned Parenthood of Hous. & SE TX Action Fnd

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$250.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers):

4 Date

2/17/2006

5 Full Name of Contributor:

Edmond D. Wulfe☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/17/2006

5 Full Name of Contributor:

Charles Rash Sr.☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$200.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/17/2006

5 Full Name of Contributor:

Artie Lee Hinds☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/17/2006

5 Full Name of Contributor:

Lee L. Kaplan☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/18/2006

5 Full Name of Contributor:

Robert J Cruikshank☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 29	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	

4 Date 2/18/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Frank V. Fossella <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/18/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Donald Glenn Upchurch <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/18/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Madeleine G. Appel <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/18/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Thomas L Seymour <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/18/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Garnet F. Coleman Campaign <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 29	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/19/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Joseph Bradley Nagar	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/20/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Evelyn B. Shanley	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/20/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Andrews & Kurth Texas PAC	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/20/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Geoffrey K. Walker	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/21/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Elizabeth G. Wolff	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/21/2006

5 Full Name of Contributor:

Truman C. Edminster III, P.E.☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/21/2006

5 Full Name of Contributor:

Chris Hageney☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/21/2006

5 Full Name of Contributor:

John K. Spear AIA☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/22/2006

5 Full Name of Contributor:

Charles B. Krenzler☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/22/2006

5 Full Name of Contributor:

Isabel Brown Wilson☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/22/2006

5 Full Name of Contributor:

Kathryn L. E. Rabinow☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/22/2006

5 Full Name of Contributor:

Jeanne McIntyre Gillen☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/23/2006

5 Full Name of Contributor:

Gilbert A. Garcia☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/23/2006

5 Full Name of Contributor:

Linebarger Goggan Blair, & Sampson, LLP☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/1/2006

5 Full Name of Contributor:

Anthony R Chase☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/1/2006

5 Full Name of Contributor:

Waynette Chan

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$250.00

8 In kind contribution
description (if applicable):

Event Expenses

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/1/2006

5 Full Name of Contributor:

LAN-PAC

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$250.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/1/2006

5 Full Name of Contributor:

Mai Tran

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$100.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/1/2006

5 Full Name of Contributor:

Barry N. Mandel

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$100.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/1/2006

5 Full Name of Contributor:

J. Nixon Wheat

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$200.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/1/2006

5 Full Name of Contributor:

Daniel G. Garza☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$10.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/1/2006

5 Full Name of Contributor:

Ralph C. Lasher☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/1/2006

5 Full Name of Contributor:

Jereme Scott☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$25.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/1/2006

5 Full Name of Contributor:

George Gee☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/1/2006

5 Full Name of Contributor:

Josh Groomer☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/1/2006

5 Full Name of Contributor:

Elizabeth S. Kaled☐ out of state PAC (ID#7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/1/2006

5 Full Name of Contributor:

Jeffrey P. Gerber☐ out of state PAC (ID#7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/1/2006

5 Full Name of Contributor:

Benjamin S Warren☐ out of state PAC (ID#7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/1/2006

5 Full Name of Contributor:

Matilda B. Melnick☐ out of state PAC (ID#7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Susan Clayton Garwood☐ out of state PAC (ID#7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/2/2006

5 Full Name of Contributor:

Michael C. Jozwiak☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Janice M. Evans-Davis☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Robert C. Park☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Michael Shane McCardell☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Helen I. Hodges☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/2/2006	5 Full Name of Contributor: Steven Chisenbery	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 3/2/2006	5 Full Name of Contributor: Vergil R. Ratliff	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 3/2/2006	5 Full Name of Contributor: Scott F. Basinger M.D.	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 3/2/2006	5 Full Name of Contributor: Kathryn A. Elek	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

4 Date 3/2/2006	5 Full Name of Contributor: Katherine A. Caldwell	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]				
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):		

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**POLITICAL CONTRIBUTIONS
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(FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A: **29**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/2/2006

5 Full Name of Contributor:

Mark R. Yzaguirre☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Richard Lee Jennings☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Muffie Moroney☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Doreen N. Stoller☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Ronald B. Rea PhD☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$150.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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(FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A: **29**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/2/2006

5 Full Name of Contributor:

Laurie Ann McRay☐ out of state PAC (ID#7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Irene Blake Welser☐ out of state PAC (ID#7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Ralph Coryell Frates Jr.☐ out of state PAC (ID#7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Claude Rennie Glover☐ out of state PAC (ID#7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Gayle Gordon☐ out of state PAC (ID#7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A: **29**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/2/2006

5 Full Name of Contributor:

Virginia C. Prudence☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Twilight S. Freedman☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Charles E. Armstrong☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Kathie Easterly☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Meredith Lynn Johnson☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/2/2006

5 Full Name of Contributor:

Marlon S. Friedman

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$250.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Carlos Sharpless

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$250.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

David M. Mincborg

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$500.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Ellen R. Cohen

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$25.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Norma Gertrude Acker

☐ out of state PAC (ID# _____)

7 Amount of
contribution (\$):

\$35.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 29	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/2/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Travis Shelve	7 Amount of contribution (\$): \$15.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# David Stone	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Janet C. Harrell	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Centerpoint Energy PAC - Texas	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Reliant Energy, Inc. PAC (REPAC)	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/2/2006

5 Full Name of Contributor:

☐ out of state PAC (ID# _____)**Vinson & Elkins Texas Political Action Committee**7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

☐ out of state PAC (ID# _____)**Andrea Renee Logans**7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

☐ out of state PAC (ID# _____)**Teresa Coleman**7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

☐ out of state PAC (ID# _____)**Hou Con PAC**7 Amount of
contribution (\$):**\$2,000.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

☐ out of state PAC (ID# _____)**Francis H. Reynaud**7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A: **29**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/2/2006

5 Full Name of Contributor:

Andrew J Brickell☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Dorothy Funk-Werblo☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$350.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Robert C. McNair☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Tony R. Carroll☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Locke Liddell & Sapp LLP☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$2,500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**2 FILER NAME: **Annis Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/2/2006

5 Full Name of Contributor:

Robert R. Fretz Jr☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Robert Rugg☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Fred E. Jenson☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$200.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Marguerite Kelly☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Mark C. Nitcholas☐ Out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$150.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 29	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/2/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Earle Plain Martin Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Jack G. Jackson	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Jack Drake	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Dayle Blake	7 Amount of contribution (\$): \$150.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Sharon S. Peterson D.D.S.	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 29	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/2/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Howard W. Horne Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Karen Ostrum George	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Richard J. Brewer	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Susan K. Russ	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/2/2006	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Rodrick A. Barongi	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**

2 FILER NAME:

Annis Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/2/2006

5 Full Name of Contributor:

M. Sandra Scurria M.D.☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/2/2006

5 Full Name of Contributor:

Ned S Holmes☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/3/2006

5 Full Name of Contributor:

Carol Elizabeth Gradziel☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/3/2006

5 Full Name of Contributor:

Charles C. Foster☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/4/2006

5 Full Name of Contributor:

Patricia L. Day☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/4/2006

5 Full Name of Contributor:

Elaine Gonzalez☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/4/2006

5 Full Name of Contributor:

Virginia L. Mithoff☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/4/2006

5 Full Name of Contributor:

Victoria E. Mourmian☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/4/2006

5 Full Name of Contributor:

Kelly Gale Amen☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/4/2006

5 Full Name of Contributor:

Steve J. Louis☐ out of state PAC (ID#)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **29**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/4/2006

5 Full Name of Contributor:

Teresa Coleman☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

3/4/2006

5 Full Name of Contributor:

J David Ahola☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

Schedule A1 Report Total: **\$54,560.00****ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**

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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 1

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date
1/4/2006

Payee Name

Sprint

Amount
(\$)

Payee address

City;

State;

Zip Code

P.O. Box 54677

Los Angeles

CA

90054

\$56.61

Purpose of payment (See instructions regarding type of information required)

Telephone

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/9/2006

Payee Name

Kathryn C. McNiel

Amount
(\$)

Payee address

City;

State;

Zip Code

P. O. Box 131835

Houston

TX

77219

\$1,000.00

Purpose of payment (See instructions regarding type of information required)

Consulting

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/9/2006

Payee Name

Deluxe Corporation

Amount
(\$)

Payee address

City;

State;

Zip Code

3680 Victoria Street N.

Shoreview

MN

55126

\$288.66

Purpose of payment (See instructions regarding type of information required)

Checks

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/10/2006

Payee Name

Washington Mutual

Amount
(\$)

Payee address

City;

State;

Zip Code

1934 W Gray St

Houston

TX

77019

\$20.00

Purpose of payment (See instructions regarding type of information required)

Banking Charges

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 3

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 3/1/2006	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address 1708 Broderick Street	
	City; San Francisco	
	State; CA	
	Zip Code 94115	\$513.69

Purpose of payment (See instructions regarding type of information required)

Event expenses

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

Date 3/1/2006	Payee Name InfoVine	Amount (\$)
	Payee address P. O. Box 2706	
	City; Houston	
	State; TX	
	Zip Code 77252	\$1,844.61

Purpose of payment (See instructions regarding type of information required)

Postage & Mailhouse

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

Date 3/1/2006	Payee Name FedEx Kinko's	Amount (\$)
	Payee address 2200 SW Freeway	
	City; Houston	
	State; TX	
	Zip Code 77098	\$74.71

Purpose of payment (See instructions regarding type of information required)

Shipping

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

Date 3/1/2006	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address 1708 Broderick Street	
	City; San Francisco	
	State; CA	
	Zip Code 94115	\$500.00

Purpose of payment (See instructions regarding type of information required)

Consulting

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 4

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date
3/1/2006

Payee Name

Kathryn C. McNiel

Amount
(\$)

Payee address

City;

State;

Zip Code

\$220.59

P. O. Box 131835

Houston

TX

77219

Purpose of payment (See instructions regarding type of information required)

Event expenses

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date
3/1/2006

Payee Name

Kathryn C. McNiel

Amount
(\$)

Payee address

City;

State;

Zip Code

\$1,000.00

P. O. Box 131835

Houston

TX

77219

Purpose of payment (See instructions regarding type of information required)

Consulting

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date
3/1/2006

Payee Name

Monarch Printing Company

Amount
(\$)

Payee address

City;

State;

Zip Code

\$1,344.63

6605 McGrew St

Houston

TX

77087

Purpose of payment (See instructions regarding type of information required)

Printing

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date
3/8/2006

Payee Name

Sprint

Amount
(\$)

Payee address

City;

State;

Zip Code

\$84.49

P.O. Box 54677

Los Angeles

CA

90054

Purpose of payment (See instructions regarding type of information required)

Telephone

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 5

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date
3/8/2006

Payee Name

Kathryn C. McNiel

Amount
(\$)

Payee address

City;

State;

Zip Code

P. O. Box 131835

Houston

TX

77219

\$188.31

Purpose of payment (See instructions regarding type of information required)

Event expenses

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

3/11/2006

Payee Name

United States Treasury

Amount
(\$)

Payee address

City;

State;

Zip Code

IRS

Ogden

UT

84201

\$244.00

Purpose of payment (See instructions regarding type of information required)

1120-POL Taxes

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

3/29/2006

Payee Name

Sprint

Amount
(\$)

Payee address

City;

State;

Zip Code

P.O. Box 54677

Los Angeles

CA

90054

\$79.99

Purpose of payment (See instructions regarding type of information required)

Telephone

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

3/29/2006

Payee Name

Ying-Tsun Amy Lin

Amount
(\$)

Payee address

City;

State;

Zip Code

7822 Twin Hills Drive

Houston

TX

77071

\$100.00

Purpose of payment (See instructions regarding type of information required)

Data Entry

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 6

FILER NAME

Annisie Parker

ACCOUNT # (Ethics Commission filers)

Date 4/5/2006	Payee Name Grant Martin Consulting	Amount (\$) \$50.00
	Payee address City; State; Zip Code 1708 Broderick Street San Francisco CA 94115	

Purpose of payment (See instructions regarding type of information required)

Email Service

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

Date 4/5/2006	Payee Name Grant Martin Consulting	Amount (\$) \$135.48
	Payee address City; State; Zip Code 1708 Broderick Street San Francisco CA 94115	

Purpose of payment (See instructions regarding type of information required)

Fax Broadcast Service

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

Date 4/5/2006	Payee Name InfoVine	Amount (\$) \$559.87
	Payee address City; State; Zip Code P. O. Box 2706 Houston TX 77252	

Purpose of payment (See instructions regarding type of information required)

Postage & Mailhouse

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

Date 4/5/2006	Payee Name Network Solutions	Amount (\$) \$263.50
	Payee address City; State; Zip Code 10 Azalea Drive Drums PA 18222	

Purpose of payment (See instructions regarding type of information required)

Web site expense

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 7

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date
5/3/2006

Payee Name

Sprint

Amount
(\$)

Payee address

City;

State;

Zip Code

P.O. Box 54677

Los Angeles

CA

90054

\$90.14

Purpose of payment (See instructions regarding type of information required)

Telephone

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

5/3/2006

Payee Name

Pastabilities

Amount
(\$)

Payee address

City;

State;

Zip Code

815 Walker Street

Houston

TX

77002

\$457.18

Purpose of payment (See instructions regarding type of information required)

Employee Recognition Dinner

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

5/8/2006

Payee Name

Washington Mutual

Amount
(\$)

Payee address

City;

State;

Zip Code

1934 W Gray St

Houston

TX

77019

\$10.00

Purpose of payment (See instructions regarding type of information required)

Banking Charges

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

5/31/2006

Payee Name

Sprint

Amount
(\$)

Payee address

City;

State;

Zip Code

P.O. Box 54677

Los Angeles

CA

90054

\$68.22

Purpose of payment (See instructions regarding type of information required)

Telephone

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 8

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date
6/29/2006

Payee Name

Annise Parker

Amount
(\$)

Payee address

City;

State;

Zip Code

1111 Jackson

Houston

TX

77006

\$27.08

Purpose of payment (See instructions regarding type of information required)

Reimb Pmt to Harry's Restaurant - Sched G

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

6/29/2006

Payee Name

Annise Parker

Amount
(\$)

Payee address

City;

State;

Zip Code

1111 Jackson

Houston

TX

77006

\$210.87

Purpose of payment (See instructions regarding type of information required)

Reimb Pmt to Balloons & Novelties - Sched G

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

6/29/2006

Payee Name

Annise Parker

Amount
(\$)

Payee address

City;

State;

Zip Code

1111 Jackson

Houston

TX

77006

\$1,000.00

Purpose of payment (See instructions regarding type of information required)

Reimb Pmt to EMILY's List - Membership - Sched G

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

6/29/2006

Payee Name

Annise Parker

Amount
(\$)

Payee address

City;

State;

Zip Code

1111 Jackson

Houston

TX

77006

\$25.00

Purpose of payment (See instructions regarding type of information required)

Reimb Pmt to Women Prof in Govt - Sched G

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 10

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date
6/29/2006

Payee Name

Annise Parker

Amount
(\$)

Payee address

City;

State;

Zip Code

1111 Jackson

Houston

TX

77006

\$80.00

Purpose of payment (See instructions regarding type of information required)

Reimb Pmt to Sprint - Sched G

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

6/29/2006

Payee Name

Annise Parker

Amount
(\$)

Payee address

City;

State;

Zip Code

1111 Jackson

Houston

TX

77006

\$124.99

Purpose of payment (See instructions regarding type of information required)

Reimb Pmt to Central Market - Sched G

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Schedule F Report Total:

\$13,451.50

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 4

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 2/1/2006	Payee Name Artista Restaurant Payee address City; State; Zip Code 800 Bagby St Houston TX 77002 Purpose of payment (See instructions regarding type of information required) League of Women Voters Planning Session	Amount (\$) \$42.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/6/2006	Payee Name Sam's Club Payee address City; State; Zip Code 1615 S. Loop West Houston TX 77054 Purpose of payment (See instructions regarding type of information required) Water Dispensers for City	Amount (\$) \$432.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/16/2006	Payee Name Sprint Payee address City; State; Zip Code P.O. Box 54677 Los Angeles CA 90054 Purpose of payment (See instructions regarding type of information required) Telephone	Amount (\$) \$80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/4/2006	Payee Name EMILY's List Payee address City; State; Zip Code 1120 Connecticut Avenue NW, Washington DC 20036 Suite 1100 Purpose of payment (See instructions regarding type of information required) Membership	Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 4

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 3/21/2006	Payee Name Artista Restaurant Payee address City; State; Zip Code 800 Bagby St Houston TX 77002 Purpose of payment (See instructions regarding type of information required) Judicial reception planning meeting	Amount (\$) \$65.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/18/2006	Payee Name Kevin Parker Campaign Payee address City; State; Zip Code 2917 Glenwood Road Brooklyn NY 11210 Purpose of payment (See instructions regarding type of information required) Contribution	Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/18/2006	Payee Name Victory Fund Payee address City; State; Zip Code P. O. Box 96308 Washington DC 20077 Purpose of payment (See instructions regarding type of information required) Membership	Amount (\$) \$1,200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/27/2006	Payee Name Harris County Democratic Party Payee address City; State; Zip Code 1445 North Loop West, Suite Houston TX 77008 110 Purpose of payment (See instructions regarding type of information required) Event Sponsorship	Amount (\$) \$120.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 4

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 5/4/2006	Payee Name Women Professionals in Government	Amount (\$) \$25.00
	Payee address City; State; Zip Code P.O. Box 1278 Houston TX 77251	
	Purpose of payment (See instructions regarding type of information required) Luncheon	
Date 6/8/2006	Payee Name Central Market	Amount (\$) \$124.99
	Payee address City; State; Zip Code 3815 Westheimer Rd Houston TX 77027	
	Purpose of payment (See instructions regarding type of information required) Judicial Reception Expenses	
Date 6/9/2006	Payee Name Spec's	Amount (\$) \$130.59
	Payee address City; State; Zip Code 2410 Smith St Houston TX 77006	
	Purpose of payment (See instructions regarding type of information required) Judicial Reception Expenses	
Date 6/26/2006	Payee Name Balloons and Novelties	Amount (\$) \$210.87
	Payee address City; State; Zip Code 11300 Ricecrest St Houston TX 77035	
	Purpose of payment (See instructions regarding type of information required) Parade Expenses	

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Revised 09/01/2003

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

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Total pages Schedule G: 4

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 6/27/2006	Payee Name Harry's Restaurant	Amount (\$) \$27.08
	Payee address City; State; Zip Code 318 Tuam St Houston TX 77006	
	Purpose of payment (See instructions regarding type of information required) Meeting Expenses	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Schedule G Report Total: **\$3,709.54**

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Revised 09/01/2003